$\boldsymbol{\asymp}$
O
111
بد
\equiv
ABI
1
=
\triangleleft
>
4
S
ŭí
\approx
149

MULTIPLE DEPENDENT CLAIM
FEE CALC*** ATION SHEET
(FOR USE \ H FORM PTO-875)

SERIAL NO.	FILING DATE
10/50/233	
APPLICANT(S,	

(FOR USE \ H FORM PTO-875)						
					•	. (
	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1 2	 	-		 	 	
3		/		1	 	
4		/		1		
<u>5</u>	 	R		1		
7	 	85	<u>-</u>	1		
8		0		1		
9		0		1		
10 11	 	0	—	-		
12		1		 _ _		
13				1		
14 15	 			1		
16				-	· .	
17				 		
18						
1 <u>9</u> 20	 					
21	-				<u> </u>	
22 23						
23 24		<u>.</u>				
25	 					
26		•				
27						
28 29	 					
30						
31					• .	
32 33	 					
34						
35						
36 37						
38						
39.						
40						
41 -	ļ.——				——	
43	l					
44						
45	 					
46 47	 					
48						
49						
50	 					
OTAL IND.	3	4	<u>3</u>]	4		4
OTAL DEP	//	•	13	4		4
TOTAL CLAIMS	14.		45			

VIS	Т		4 17	TED			
	AS FILED			AFTER I AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51		·					
52	·			ļ			
53 54	 	 		ļ			
55	 			· · · · ·			
56	1			 			
57							
58							
59							
60	 						
61	ļ						
62 63		···		<u> </u>			
64							
65							
66		· ·					
67					λ		
68					5		
69					5		
70 71					11		
72	 				_		
73				·	<u>ā</u>		
74					4		
75							
76					N. A.		
77					1		
78							
79 80					- 5		
81		}			U -		
82					 -		
83							
84	·						
85							
86							
87 88							
89							
90	 -						
91							
92							
93							
94		<u>:</u>					
95]_					
96 97		 -					
98							
99							
100							
TOTAL IND.		#		4.		1	
TOTAL DEP		4	_	4	4	4	
TOTAL CLAIMS			5				
	U.	S. DEPARTA	IENT of COM	MERCE			